U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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DOL ESA

1. File Number U-1/6069

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

·	7 / 1 / 2004   Through:   6   /   30   /   2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Jeffrey L Clendenen	Name   Carpenters Local Union # 1159
	Labor Organization File Number 036308
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1512 Kanawha Street	Street 2709 Jackson Avenue
City Point Pleasant	City Point Pleasant
State West Virginia ZIP Code + 4 25550	State   West Virginia   ZIP Code + 4   25550
5. Position in labor organization.   Financial Secretar	7
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name The Young Group LTD,	Property Rental
Trade Name, If any: St. Louis Insulation Division	
P.O. Box, Bidg., Room No., if any	71 200
street 1054 Central Industrial Drive	7.b. Amount.
City St. Louis	\$4,200
State   Missouri   ZIP Code + 4   631/0 - 2386	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Let Level & Robert	On 8/11/2005 304-675-4260
	Date Telephone Number
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Name of Person Filing Jeffrey Clendenen	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	1 1
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	C. Employer
Сту	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	l
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	·
·	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	r parts A and P abovo)
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
Сіту	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.